

Setting up a 'weight management on referral' scheme

Tool 19

This tool describes a process for establishing a weight management on referral scheme (or 'slimming on referral' scheme) within a primary care trust (PCT). The scheme can also be run by other health teams such as Sure Start, secondary care and individual GP practices.

Weight management or slimming 'on referral' operates by health care teams purchasing membership and attendance credits from commercial slimming organisations. A referral timeframe is agreed and patients are provided with membership and credits to cover this period. At the end of the initial referral period, the health care team may decide to make continuation credits available, or patients may decide to self-fund their continued attendance at the group.

1 Find out more about weight management on referral.

- Identify and contact a commercial slimming organisation to work with.
- Arrange a meeting with the organisation to discuss the planning process.
- The organisation will usually identify a local representative who will offer you ongoing support.

2 Prepare and present your proposal for funding.

- Identify interest and support among colleagues within the PCT or health community. Consider those with budgetary concerns such as pharmacy advisers, public health, GPs and commissioners. Draw up a contact list.
- Assemble local figures for weight-related morbidities and mortality, including the costs of intervention and pharmacology – for example, the local costs of anti-obesity, anti-hypertensive and hypoglycaemic medication, or weight management groups run at a local level.
- Put together a proposal to include the benefits to public health, local budgets, and primary care time, and the benefits to the patients themselves.
- Present the proposal to budget-holders. Suggested funding sources include practice-based commissioning, pharmaceutical budgets, government or EU health improvement or inequalities funding such as Neighbourhood Renewal, Sure Start or Fit for the Future.
- Engage with other members of the primary health care team to ensure that a wide range of staff are able to comment on the proposals and feel they have ownership of the scheme. This will also ensure that there is extensive knowledge about the existence of the scheme once it is running.

3 Starting a referral scheme

PCT administration

- Agree with the commercial slimming organisation how credits will be purchased and paid for.
- Set criteria for patients to be enrolled on the scheme – for example, the criterion might be that the scheme is for patients with a BMI of 30kg/m² or above, or there

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Resources

may be other criteria that fit in with the funding source. For example, you may choose to select people with impaired glucose tolerance. (It may then be possible to compare that group with a control group and find out how many of each group went on to develop diabetes, thus identifying potential savings on pharmacology.)

- Ensure that there are guidelines for referrers about the need to discuss weight management with the patient and establish whether they want to lose weight, and are ready to make diet and lifestyle changes and commit to the service. Consider the need to have a 'written contract' between patient and referrer. People will not automatically join groups if they are given membership and credits by the health care team – they need to be ready and willing to make the commitment and may need support and reassurance to do this. It is therefore important for the referrer to discuss this with the patient and establish readiness to change.
- Ensure staff involved are fully trained in the service and procedures.
- Produce a patient information sheet.
- Identify suitable patients and get any consent necessary for your use of data.
- Identify a member of the PCT or practice staff who will lead and coordinate the scheme and liaise with the commercial slimming organisation.

Support from the commercial slimming organisation

The commercial slimming organisation will agree with the PCT a level of support which the PCT can expect to receive. This can include:

- helping the PCT to develop procedures
- providing help with training staff
- identifying a representative who will be the main point of contact for the PCT
- providing weekly group support for ongoing weight management
- providing support in changing diet and activity habits
- providing regular monitoring of patients' progress and report on patients' weight change and attendance to the referral team.

Before the scheme starts

Before the scheme starts, the following points must also be agreed.

- The times and places of meetings that patients can attend.
- The level of flexibility provided. For example, would extensions be made available to vouchers to cover illness and holidays?
- The amount of contact and support that the patient will receive from the organisation.
- The form that the credits will take. If vouchers are used by patients, will these identify them as participating via a referral scheme to other group members – ie could there be some form of stigmatisation attached to the vouchers?

Any contract between a health care team and a commercial slimming organisation needs to be considered extremely carefully.

Note: See also *NICE guidance on weight management on referral schemes*, on page 74.